

TOWN OF SOUTHAMPTON

Department of Land Management
Building and Zoning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

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TOWN SUPERVISOR

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TOWN PLANNING AND
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MICHAEL BENINCASA
CHIEF BUILDING INSPECTOR

GAS SUPPLY LINE INSTALLATION CERTIFICATION

Date: _____

Building Permit No. _____

Property Address: _____

Owner: _____
(Please Print)

Plumber: _____
(Please Print)

I certify that the Gas supply lines have been installed and tested in accordance with the Fuel Gas Code of New York State including section 404 and 406.

Installation:

- ☐ Residential Installation
- ☐ Commercial Installation

Please Check Combustion Appliance Installed:

- ☐ Heating Equipment
- ☐ Hot Water Heater
- ☐ Fireplace/Stove
- ☐ Other : _____

Test Pressure _____ Test Duration: _____

Results: _____

I certify I am the licensed plumber (License # _____) that installed all Gas supply lines on the above referenced premises.

Plumbers or Homeowners Signature

Sworn to me this

_____ day of _____, 20 _____

Original Notary Signature, _____

County _____

Seal:
